January 8, 2014

Federal Communications Commission
Office of the Secretary
445 12th Street SW
Washington, DC 20554

RE: Request for Waiver

CC Docket No. 02-6

Contact:

Janice Meyers
Letter of Agency for Lighthouse Academies, Inc
Janice Meyers Educational Consulting, LLC
1121 Park West Blvd. Suite B204
Mount Pleasant, SC 29466
Phone 914-715-2466
janice@jhmedu.com

Southwest Detroit Lighthouse Charter School

BEN: 16071628

Form 471 # 917031

Request for Waiver

I am requesting a waiver of the 2013-14 filing deadline for the Item 21 Attachments of March 14, 2013 due to inadvertent errors and circumstances beyond my control.

Argument

In 2006 and 2007, in the *Bishop Perry Order* and the *Academy for Academic Excellence Order*, the Commission and the Bureau, respectively, granted waivers to applicants who missed the FCC Form 471 filing window deadline due to technical malfunctions, school reorganizations, a misunderstanding related to the

filing deadline, personal staff emergencies, inadvertent errors, or circumstances beyond their control, including inclement weather.

Form 471 # 917031 was filed online March 12, 2013. A PIA review began on December 18, 2013. The reviewer asked for a copy of the Item 21 Attachments for FRN 2500425 and FRN 2500433. I found the two Item 21 Attachments in the file but could not find any documentation that they were sent. I did not find any SLD notice that they were missing. A FCDL was issued on January 8, 2014 denying the application because "This FRN is denied because the Item 21 Attachment was not received on or before the filing deadline. The Item 21 Attachment is an FCC Form 471 Window filing requirement. You failed to provide sufficient documentation demonstrating the Item 21 Attachment was submitted timely. FCC Forms 471 with Item 21 Attachments that met the FCC Form 471 Window requirements have funding priority over applications received after the filing deadline. Given that funding demand for FCC Forms 471 filed within the window exceeds the amount available for commitment, we cannot consider this FRN for funding".

I thought the Item 21 Attachments had been filed but made an inadvertent error due to my medical condition at that time. In February of 2013, my left hip became displaced. I needed surgery but felt that I could not do so until the 2013 471 filing window closed on March 14, 2013. My mobility was aided with crutches and pain medication. Surgery was scheduled for April 5, 2013 in New York City. I spent 3 1/2 weeks recovering in Westchester County, NY near my family and away from my office in Mount Pleasant, SC. Please see the attached documentation of surgery.

I ask that you respectfully waive the filing deadline of March 14, 2013 due to inadvertent errors and circumstances beyond my control and fund FRNs 2500425 and 2500433.

Sincerely,

Janice Meyers

Janier M5485

471 #917031 250 0425 All It CABIE- SOMESS **BUSINESS CLASS SERVICE ORDER AGREEMENT** (comcast SOUTHWEST DETROIT LIGHTHOUSE BEN 1607/678 ID#: 6048469 Ccount Name: **CUSTOMER INFORMATION (Service Location)** Address 1 4041 29TH ST City DETROIT SPIN 3564 Address 2 State MI ZIP Code 48210 Primary Contact Name Patrick Kangethe Business Phone (508) 626-0901 X224 Janice Meyers. Cell Phone 1121 Park West Blvd, Suite B204 Pager Number TE Mt. Pleasant, SC 29644 Technical Contact Name ™ 914-715-2466 janice@jhmedu.com **Technical Contact Business Phone** Property Manager Contact Name COMCAST BUSINESS CLASS SERVICES Selection (X) **Business Class Voice** Business Class Internet X Business Class TV Service Term (Months) **COMCAST BUSINESS CLASS SERVICES DETAILS** Business Class Voice* **Business Class Packages VOICE SELECTIONS** Quantity **Unit Cost** Total Cost Package Name: Full Feature Voice Lines \$39.95 \$119.85 PACKAGE DESCRIPTION Adtl. F.F. Voice Lines w/ pkg. 4+ Lines \$24.95 \$24.95 Basic Lines \$24.95 0 \$0.00 Fax Lines 0 \$24,95 \$0.00 Toll Free Numbers Equipment Fee N/A \$7.00 **Business Class TV*** VOICE OPTIONS Selection(X) Total Cost TV SELECTIONS Selection(X) Total Cost Voicemail 0 \$0.00 Basic Directory Listing Suppression X \$0.00 Information & Entertainment Auto-Attendant Standard Voice offers & options not a Preferred **Business Class Internet*** Music Choice Standalone INTERNET SELECTIONS Selection(X) **Total Cost Total Cost** TV OPTIONS Selection Starter Sports Pack** Preferred Music Choice W/Business Class Х \$369.95 Other Deluxe 100 Canales Selecto Equipment Fee Other Programming Total Cost INTERNET OPTIONS Selection(X Other Programming Microsoft Outlook Office Email Included Other Programming Web Hosting - Starter Included TV OUTLETS Quantity Unit Cost Total Cost Web Hosting - Business Additional Outlets Web Hosting - Commerce **HD Outlet Charges** Web Hosting - Professional MRC # of Outlets mini mDTA/mDTA Type Static IP - 1 Static IP - 5 \$19.95 Static IP - 13 Not available in home offices or private view establishments. TV selections & options not available in narkets. Customer acknowledges and understands Customer may be responsible for additional music continuous processing to the selection of the services, including, but not limited to folse and/or Public View Video. Static IP - 29 Static IP - 61 Static IP - 125 Available for Information & Entertainment, S Static IP - 253 Xfinity Wifi Hotspot COMCAST BUSINESS CLASS TOTAL SERVICE CHARGES **Unit Cost Total Cost Business Class** Selection(X) Total Monthly Service Charge \$541.70 \$0.00 Installation Fee \$0.00 Voice Activation Feet \$29.95/Line \$119.80 Promotional Code (if applicable) Auto-Attendant Setup Fee \$30.00 Less Discount (if applicable) Voice Jack Fee Toll Free Activation Fee Directory Listing Fee **Total Recurring Monthly Bill:*** \$511.70 Applicable federal, state, and local taxes and fees may apply. 1. Total Installation Charges:* \$119.80 * Does not include Custom Installation Fees referenced below **GENERAL SPECIAL INSTRUCTIONS**

The Services set forth herein will be provided by Comcast Cable Communications Management, LLC, which has a SPIN of 143013564. Any services provided

Page 1 of 5

ereunder shall commence on or after July 1, 2013.

Comcast BUSINESS CLASS

BUSINESS CLASS TRUNKS SERVICE ORDER AGREEMENT

Account Rep Name: Christopher Kource

Comcast

Customer may change its International Dialing preference by contacting Comcast in writing.

248-535-7209 christopher kource@cable.co mcast.com

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City State Michigan Billing Address 2					Billing Name (3rd Party Accounts)									1200		
State Michigan Billing Address 2 City Detroit					Billing Contact Name				Patrick Kangethe							
Author Color Col	City <u>Detroit</u>			<u>-</u> 2					- Billin	Address 1		. 4	041 29TH S	T	4.1	
Business Phone Cell Phone 508-380-7473 Fex Number Fex Number Email Technical Contact Name Technical Contact Email Technical Contac	State Michigan			_					Billin	Address 2		- 37				
Cell Phone Fax Number Email Em	Zip		48210						20		Çity			Detroit		
Fax Number Email Dangethe@lighthouse_scademies.org Billing Contact Fax Dangethe@lighthouse_scademies.org Patrick Kangethe St8.380-7473 Tax Exempt? Yes Dangethe@lighthouse_scademies.org Pakagethe@lighthouse_scademies.org	Business Phone	(50:	8) 626 -0901 x-	224 ·	_				32		State		Michigan			- 25
Technical Contact Name Patrick Kangethe Patri	Cell Phone		508-380-7473		_0						Zip		2000	48210		
Technical Contact Name Technical Contact Prior Technical Contact Prior Technical Contact Email Technical Contact On-Site? No BUSINESS CLASS TRUNKS SERVICE DETAILS Business Class Trunks PRI Interface X BUSINESS CLASS TRUNKS SERVICE DETAILS Request Type: Action: Request Type: Action:	Fax Number									Billing Cor	tact Phone		(508)	626 -0901	x-224	
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Technical Contact Email	Technical Contact Name	Patrick Ka	ingethe			¥:				· Ta	x Exempt*?		E)	Yes		
Request Type:	Technical Contact Phone	508-380-74	173							*11*	es, please pro	ovide and	attach all a	pplicable tax	exemption	cer
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	20 I M Block (lucinded in Fuce						٠.	C					I tio		120	

Item 21 Attachment

Applicant: Southwest Detroit Lighthouse Charter School

Attachment:

POTS-3

BEN:

16071628

Application:

987654

FRN 2500433

Sin 1613 00/192

Narrative description: 4 POTS Line for alarm and fax

0	Desduct on Consider Description	11-40-4	Extended Pre-discount Cost			
Quantity	Product or Service Description	Unit Cost	Recurring	Non-Recurring		
4	POTS line Installation cost for above	\$33.15	\$120.72			
1	Installation	waived				
		TOTAL:	\$ 120.72			

Janice Meyers 1121 Park West Blvd. Suite B204 Mt. Pleasant, SC 29644 914-715-2466 janice@jhmedu.com





Claim received for JANICE MEYERS Reference #

THIS IS NOT A BILL

Claim detail

CIGNA received this claim on April 17, 2013 and processed it on April 26, 2013.

Service dates	Type of service	Amount billed	Discount	Amount not covered	Covered amount	Copay/ Deductible	What CIGNA plan paid	% paid	Coinsurance*	See notes
PATRICK	MEERE MD, Referen	ce # 8191310990121	- 1			2		200 200 20		
04/05/13	SURGERY	25,500.00	, 0.00	25,500.00	0.00	0.00	0.00	0	0.00	Α
04/05/13	RADIOLOGIST	1,000.00	0.00	1,000.00	0.00	0.00	0.00	0	0.00	A
Total	-	\$26,500.00	\$0.00	\$26,500.00	\$0.00	\$0.00	\$0.00		\$0.00	

^{*} After you have met your deductible, the costs of covered expenses are shared by you and your health plan. The percentage of covered expenses you are responsible for is called coinsurance.

Other important information that I need to know

Notes

A - HEALTH CARE PROFESSIONAL: WE NEED MORE INFORMATION TO PROCESS THIS CLAIM. WE WROTE THE CUSTOMER A SEPARATE LETTER, ASKING FOR THIS INFORMATION. ONCE WE GET IT, WE'LL PROCESS THE CLAIM ACCORDING TO THE CUSTOMER'S PLAN. IF WE DON'T GET THE INFORMATION WITHIN 90 DAYS, WE WILL CLOSE THE FILE UNTIL WE DO.

Additional appeal information related to the Patient Protection and Affordable Care Act of 2010

If you would like to request information about the specific diagnosis and treatment code's submitted by your Health Care Professional, please either contact your Health Care Professional, or go to http://www.cigna.com/privacy/privacy_healthcare_forms.html or call the Customer Service number on the back of your ID card.

If you are not satisfied with the final internal review, you may be able to ask for an independent, external review of our decision, as determined by your plan and any state or federal requirements. For questions about your appeal rights or for assistance, you can contact the Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.askebsa.dol.gov. Assistance may also be available through the below consumer assistance or ombudsman program(s):

State	Contact Information	· .	
South Carolina	South Carolina Department of Insurance, Consumer and Individual Licensing Services Division	on, P.O. Box 100105, C	olumbia, SC
• •	29202 (800) 768-3467 http://www.doi.sc.gov consumers@doi.sc.gov	er Eleme and	⊙• 0





Claim received for JANICE MEYERS Reference # ID

THIS IS NOT A BILL

Claim detail

CIGNA received this claim on April 16, 2013 and processed it on April 22, 2013.

Service dates	Type of service	Amount billed	l' - Discount	Amount not covered	Covered amount	Copay/ Deductible	What CIGNA plan paid	% paid	Coinsurance*	See .
NYU HOS	PITALS CTR, Reference #	8191310691033	10),		• .	A STORY	* 1 3 4	l		lon lon
127	- SEMI-PRIV./ WARD	12,075.00	0.00	12,075.00	0.00	0.00	0.00	0	0.00	À
04/05/13	DRUGS	43.10	0.00	43.10	0.00	0.00	0.00 -	0	0.00	Α
04/05/13	IV(S)	1,185.00	0.00	1,185.00	0.00	0.00	0.00	. 0	0.00	Α
04/05/13	SUPPLIES	515.08	0.00	515.08	⊈	0.00	0.00	0	0.00	Α
04/05/13	SUPPLIES	182.27	0.00	182.27	0.00	0.00	0.00	0	0.00	Α
04/05/13	SUPPLIES	31,266.90	₫0.00	31,266.90	₹ 50.00	0.00	0.00	0	0.00	Α.
04/05/13	SUPPLIES	8,799.11	0.00	8,799.11	0.00	0.00	0.00	0	0.00	Α
04/05/13	LABORATORY	41.00	₹0.00	41.00	0.00	0.00	0.00	, 0	0.00	Α.
04/05/13	LABORATORY	261.00	40.00	261.00	0.00	0.00	0.00	0	0.00	A
04/05/13	LABORATORY	384.00	0.00	. 384.00	0.00	0.00	0.00	0	0.00	A
04/05/13	X-RAY	287.73	0.00	287.73	0.00	0.00	0.00	0	, 0.00	Α
04/05/13	X-RAY	328.00	1.0.00	328.00	0.00	0.00	0.00	^h 0	0.00	Α
04/05/13	OPERATING ROOM	13,078.17	0.00	13,078.17	, "0.00	0.00	0.00	0	0.00	Α
04/05/13	ANESTHESIA SUP.	847.09	, 0.00	847.09	0.00	0.00	0.00	0	0.00	Α.
04/05/13	PHYSICAL THERAPY	1,616.00	90.00	1,616.00	0.00	0.00	0.00	0	0.00	Α
04/05/13	PHYSICAL THERAPY	741.00	0.00	741.00	0.00	0.00	0.00	. 0	0.00	Α
04/05/13	OCC. THERAPY	1,279.00	0.00	1,279.00	. 0.00	0.00	0.00	0	0.00	Α
04/05/13	OCC. THERAPY	792.00	0.00	792.00	0.00	0.00	0.00	0	0.00	Α:
04/05/13	DRUGS	1,071.53	0.00	1,071.53	0.00	0.00	0.00	- 0	0.00	A
04/05/13	RECOVERY ROOM	4,729.79	∫,0.00	4,729.79	0.00	0.00	0.00	0	0.00	Α
Total	8	\$79,522.77	\$0.00	\$79,522.77	\$0.00	\$0.00	\$0.00		\$0.00	**************************************

^{*} After you have met your deductible, the costs of covered expenses are shared by you and your health plan. The percentage of covered expenses you are responsible for is called coinsurance.